# Recreation and Sports Services
# University of West Florida

## STATEMENT of ASSUMPTION of RISK, INFORMED CONSENT and RELEASE of LIABILITY

Argus ID: _____ Date of Birth: _____ Sport Clubs
Activity / Class/ Club

I, _____,
Print full name the undersigned participant, and in the event the undersigned is under eighteen (18) years of age, the undersigned's parent and/or guardian, have actual knowledge and conscious appreciation of the dangers involved in the use of equipment and facilities provided by the University of West Florida. I hereby acknowledge that my participation may result in injuries, from minor to severe, including those risks involved in travel by vehicle, all of which may result in paralysis, serious permanent disability or death. These types of injury may result from my own actions, the actions or inactions of others or a combination of both. The undersigned acknowledges reading and knowing all policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.

I understand that the rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulations. The undersigned acknowledges that he or she has the requisite skills, qualifications, physical ability, and training necessary to properly and safely use the equipment, facilities, and to participate in the activity itself. I warrant that the participant is in good health and has no physical condition that would prevent the participant from participating. The undersigned agrees to pay for any and all damages to any property caused by the undersigned negligently, willfully or otherwise. I acknowledge that it is the participant's responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by the University of West Florida.

I do hereby hold harmless and release and forever discharge the State of Florida, the University of West Florida, the UWF Board of Trustees, and all other sponsors and their respective officials, employees, agents and assigns (hereinafter referred to as "Released Parties") from any and all liability. I further save and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in the program offered or sponsored by UWF Recreation and Sports Services.

Finally, I declare and represent that in making, executing, and tendering this Statement of Assumption of Risk, Informed Consent and Release of Liability, I have read this statement, understand its contents and sign if of my own free will and choice.

In witness whereof, I have executed this document this _____ day of _____ , 20_____.

Witnesses:

Print:_____ _____
Signature of Participant

Sign:_____ Phone # 's: _____/_____

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Print:_____ _____
Signature of Parent or Guardian **if participant is under 18**

Sign:_____

_____
Address of Parent/Guardian

_____
City State Zip